



Queen's University
Faculty of Education
Practicum Review Form

Candidate \_\_\_\_\_ Faculty Liaison \_\_\_\_\_

School \_\_\_\_\_ Associate Teacher \_\_\_\_\_

Grade/Subject: \_\_\_\_\_ Practicum Block: October 3-28, 2011 [ ]
November 21-December 16, 2011 [ ]
February 13-March 9, 2012 [ ]
Other [ ]

Date: \_\_\_\_\_ Date by which recommendations must be implemented: \_\_\_\_\_

Nature of Concerns:
Recommendations:

Recommendation Outcomes:

Teacher Candidate has fulfilled the recommendations [ ]
Teacher Candidate has not fulfilled the recommendations [ ]

Signatures:
Teacher Candidate
Associate Teacher
Faculty Liaison

Signatures:
Associate Teacher
Faculty Liaison

Teacher Candidate (signature confirms receipt of form)
Date: \_\_\_\_\_

The Teacher Candidate, Associate Teacher, Faculty Liaison, and Practicum Manager must receive a copy of this form twice (1) after the initial recommendations are made, and (2) after the recommendation outcomes section is completed.